

FILED OCT 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34055

State File No.

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>373</u> | | PRIMARY REG. DIST. NO. <u>6271</u> | | Registrar's No. <u>58</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u> | | | |
| b. CITY OR TOWN <u>RURAL WASHINGTON</u> | | c. LENGTH OF STAY (In this place) <u>LIFE</u> | | c. CITY OR TOWN <u>RURAL WASHINGTON</u> | | d. STREET ADDRESS (If rural, give location) <u>1130</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JACOB</u> | | b. (Middle) <u>HENRY</u> | | c. (Last) <u>PRICE</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 29 1952</u> | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u> | | 8. DATE OF BIRTH <u>JULY 13 1887</u> | |
| 9. AGE (In years last birthday) <u>65</u> | | 10. MONTHS <u>3</u> | | 11. DAYS <u>16</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | |
| 11. BIRTHPLACE (State or foreign country) <u>WEBSTER CO MO</u> | | | | 12. CITIZEN OF WHAT COUNTRY? | | | |
| 13a. FATHER'S NAME <u>JACOB PRICE</u> | | 13b. MOTHER'S MAIDEN NAME <u>MAHIA ARTHUR</u> | | 14. NAME OF HUSBAND OR WIFE <u>NONE</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>---</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>MORINE GRAY ELKLAND MORI</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:00 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>K. K. Kelley</u> | | 23b. ADDRESS <u>3 (Degree or title) Fordland Mo.</u> | | 23c. DATE SIGNED <u>9-29-52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>10-1-1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>MARLIN</u> | | 24d. LOCATION (City, town, or county) (State) <u>WEBSTER CO MO</u> | |
| DATE REC'D BY LOCAL REG. <u>10-2-52</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>BARBER-BARTO MARSHFIELD</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 16 1932

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed.....

Wm. B. Bosh

Licensed Embalmer No. 3848

P. O. Address. Mt. Hope

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.